



U.S. DEPARTMENT OF COMMERCE  
PATENT AND TRADEMARK OFFICE

**REQUEST FOR CONTINUED EXAMINATION (RCE)**  
**TRANSMITTAL FORM (37 C.F.R. § 1.114)**

DOCKET NO. 11443/173	APPLICATION SERIAL NO. 10/761,491	EXAMINER Pedro Philogene	ART UNIT 3733
-------------------------	--------------------------------------	-----------------------------	------------------

INVENTOR(S): Michael P. WHITMAN

Address to:

Mail Stop RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on

Date: Dec. 8, 2005

Signature:

This is a **request for continued examination** under 37 C.F.R. § 1.114 (RCE) of pending application Serial No. 10/761,491, filed on January 20, 2004, entitled **ELECTROMECHANICAL DRIVER AND REMOTE SURGICAL INSTRUMENT ATTACHMENT HAVING COMPUTER ASSISTED CONTROL CAPABILITIES**.

The following constitute the submission **required** by 37 C.F.R. § 1.114(a) and is attached:

Amendment After A Final Office Action (previously filed on October 14, 2005)  
 Information Disclosure Statement and Form PTO-1449  
 Drawing Changes  
 Other Submission: \_\_\_\_\_

1. The filing fee for this RCE and the required amendment/submission is calculated below. The fee below is calculated based on the status of the claims after the entry of the attached amendment/submission. The fee for any new additional claims is included with this RCE, the fee for previously entered additional claims having already been paid.

	CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT NUMBER EXTRA*	RATE (\$) PER CLAIM	FEE (\$)
BASIC FEE						790.00
TOTAL CLAIMS	5		40	0	x \$50.00	0.00
INDEPENDENT CLAIMS	1		4	0	x \$200.00	0.00
MULTIPLE DEPENDENT CLAIM	0		0	0	\$360.00	0.00
				Number extra must be zero or larger	TOTAL	790.00
	If Applicant is a small entity under 37 C.F.R. §§ 1.9 and 1.27, then divide total fee by 2, and enter amount here.					SMALL ENTITY
					TOTAL	395.00

12/13/2005 ZJUHAR1 00000086 110600 10761491

01 FC:2801 395.00 DA

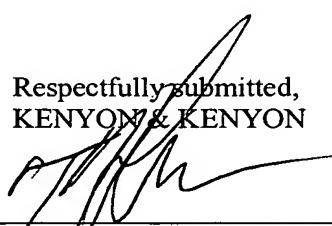
NY01 1073619

2. Please charge the required RCE and submission filing fee of **\$395.00** to the deposit account of **Kenyon & Kenyon**, deposit account number **11-0600**.
3. Applicant respectfully requests a **three-month** extension of time in which to respond to the Final Office Action mailed June 14, 2005 for which a response period expiring on September 14, 2005 was set. The extended period expires December 14, 2005. The Commissioner is hereby authorized to charge **\$390.00** (the 37 C.F.R. § 1.136(a) three-month extension fee of \$510.00 minus the one-month extension fee of \$120.00, which was previously paid) to the deposit account of **Kenyon & Kenyon**, deposit account number **11-0600**.
4. The Commissioner is also authorized to charge payment of any additional fees (including any further extension fees) required in connection with this communication or arising during the pendency of this application, or to credit any overpayment, to the deposit account of Kenyon & Kenyon, deposit account number **11-0600**.
5. A duplicate of this transmittal form is enclosed.

Dated: *Dec. 8, 2005*

By:

Respectfully submitted,  
**KENYON & KENYON**



---

Thomas C. Hughes (Reg. No. 42,674)

KENYON & KENYON  
One Broadway  
New York, New York 10004  
(212) 425-7200 (telephone)  
(212) 425-5288 (facsimile)

**CUSTOMER NO. 26646**